

# Maternal and Child Health Priority Issue Brief

## MCH Priorities

Adequate nutrition  
and physical activity

Lifestyles free of  
substance use and  
addiction

### Optimal mental health and healthy relationships

Safe and healthy  
communities

Healthy physical  
growth and cognitive  
development

Sexually responsible  
and healthy  
adolescents and  
women

Access to preventive  
and treatment  
services

Quality screening,  
identification,  
intervention, and  
care coordination

## Optimal Mental Health and Healthy Relationships

### Focus

This priority focuses on promoting activities and policies that support the development of healthy relationships and contribute to optimal mental health. This priority emphasizes a public health approach to mental health.

Programs and activities within the Office of Maternal and Child Health (OMCH) that support optimal mental health and healthy relationships for women, infants, children, adolescents, and families focus on promoting secure attachments between young children and their parents and caregivers, connections to school for children and youth who attend school, and adequate social support among pregnant women and parents. This includes activities that promote the development of appropriate response behaviors and resilience skills<sup>1</sup> and the skills for avoiding negative or unhealthy relationships.

### Objectives and Expectations

Optimal mental health and healthy relationships provide the foundation for success in school, work, and life and are essential to overall health.<sup>1</sup>

We expect that efforts to promote optimal mental health and healthy relationships will result in social environments and public policies that lead to:

- Nurturing relationships between parents and children.
- Children who start kindergarten with the social and emotional skills needed to be successful.
- Youth who are able to maintain healthy peer relationships and make healthy decisions.

<sup>1</sup> Response behaviors include: expressing thoughts and feelings appropriately with adequate vocabulary and self-control, sustaining attention and focusing attention, demonstrating impulse control, and seeking help when needed. Resilience refers to internal processing of thoughts, feelings, and experiences such as adapting appropriately to changes, having an appropriate self-image, confidence, courage, hope, and sense of humor.

# Key Data from Washington

## Relationships

In 2003, approximately 4 percent of childbearing women reported physical violence by husbands or partners during their most recent pregnancies.<sup>ii</sup>

In 2002, 7 percent of students in eighth grade and 9 percent of students in Grades 10 and 12 reported that during the past 12 months their boyfriends or girlfriends limited their activities, threatened them, or made them feel unsafe in some way.<sup>iii</sup>

Results of the 2004 Healthy Youth Survey indicate that approximately 76 percent of eighth graders, 83 percent of tenth graders, and 85 percent of twelfth graders would seek help for friends who are depressed or suicidal.<sup>iii</sup>

In 2004, 8 percent of students in Grades 6, 8, and 10 and 7 percent of students in Grade 12 reported that they didn't have people or places to turn to for help when they were feeling sad or hopeless.<sup>iii</sup>

## Mental Health

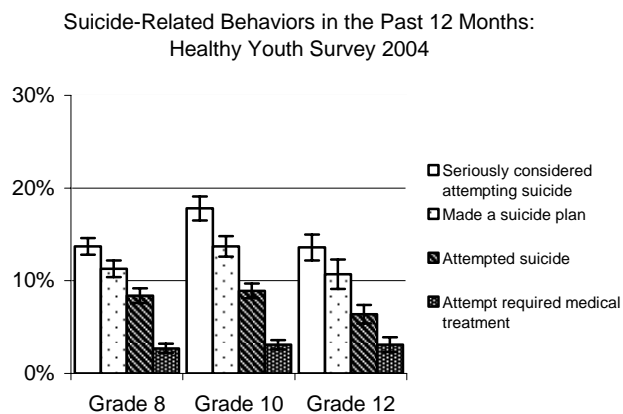
About four out of five students in Grades 8, 10, and 12 who responded to the Healthy Youth Survey reported that they did not have emotional problems that would last longer than six months.<sup>iii</sup>

In the 2004 Healthy Youth Survey, about one half of students in Grades 8, 10, and 12 reported that they look forward to their future.<sup>iii</sup>

## Mental Illness

According to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, about 14 percent of new mothers reported moderate depression, 5 percent became severely depressed, and 3 percent became so depressed they needed help.<sup>ii</sup>

In the 2004 Healthy Youth Survey, about 29 percent of eighth graders, 33 percent of tenth graders, and 32 percent of twelfth graders reported symptoms of depression in the previous year.<sup>iii</sup>



## Disparities

Rates for depression symptoms among girls were significantly higher than boys in 2004. However, boys had higher rates of completed suicides than girls in the same year.<sup>iii</sup>

Children with disabilities are twice as likely to suffer depression and four times as likely to attempt suicide as children without disabilities.<sup>iii</sup>

# Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Activities that promote optimal mental health and healthy relationships focus on helping parents be better equipped to promote the social and emotional development of children and youth; promoting healthy relationships in families, child care, early learning programs, and schools; and improving access to effective, community-based, family and youth-directed mental health services. Listed below are some of the OMCH-supported activities related to optimal mental health and healthy relationships for women, children, and adolescents.

## Pregnant Women and Women of Childbearing Age

### Prevention

- The University of Washington School of Nursing trains health care providers who deliver Maternity Support Services and Infant Case Management Services support social-emotional health. Curricula include “Keys to Caregiving,” the Nursing Child Assessment Satellite Training (NCAST) program, promoting maternal mental health, and screening for postpartum depression.
- OMCH provides support to the Solutions for Chemically Dependent Families program in the Department of Social and Health Services (DSHS) to increase behavioral health services such as healthy relationships and parenting for chemically dependent pregnant and parenting women.
- Parent organizations provide mentoring and emotional support to parents of children with special health care needs.
- OMCH participated in the development of a statewide public awareness campaign to address postpartum depression led by the Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN).
- Proposed future primary prevention activities include activities that will increase screening for and timely response to social and emotional issues in all women of childbearing age.

### Policy Development

- Evidence-based information is provided to policymakers for use in developing policy regarding optimal mental health and healthy relationships.

## Infants, Children, and Youth<sup>2</sup>

### Prevention

- OMCH assists the Department of Health (DOH) representative to the Washington Council for the Prevention of Child Abuse and Neglect.
- The Early Childhood Comprehensive Systems Grant (“Kids Matter”) promotes and coordinates social, emotional, and mental health strategies and outcomes for children from birth to kindergarten entry.
- Child care health consultants receive training regarding social and emotional issues to help them provide consultation to providers of infant and toddler child care.
- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.
- Foster parents receive mental health promotion training through the “Bright Futures for Children and Youth in Foster Care” project.

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<sup>2</sup>Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- The Department of Social and Health Services (DSHS) WorkFirst-Children with Special Health Care Needs (CSHCN) Initiative provides an opportunity for CSHCN Coordinators to assess the unique care requirements of children with special needs and to connect their families with available services.
- The Family Violence Prevention Workgroup identifies and promotes strategies for healthy relationships for youth aged 11-14 years.
- OMCH coordinates with the DOH Injury Prevention program to implement the Youth Suicide Prevention Plan.
- Adolescent health fact sheets related to social, emotional, and mental health issues such as suicide prevention and communication between parents and teens are developed and distributed to parents and teens on request.
- A statewide public awareness campaign encourages youth to delay sexual activity until they are developmentally ready.
- Parents receive the “Speak Up When You’re Down” postpartum depression brochure in the one-month CHILD Profile mailing.
- Proposed future primary prevention activities include developing additional CHILD Profile materials that promote social and emotional development.

### **Policy Development**

- OMCH supports and participates in efforts to make communities more accessible to individuals of all ages with disabilities.
- DOH participates on the Mental Health Transformation Work Group. OMCH staff coordinates and informs DOH involvement with this effort.
- OMCH participates on the Children’s Subcommittee of the DSHS Division of Mental Health Planning and Advisory Committee.
- Proposed future policy development activities include activities to identify additional mental health resources for children with special health care needs.

## **Research, Surveillance, and Best Practices**

### **Data**

- The annual “MCH Data and Services Report” and the “Adolescent Needs Assessment” include mental health data and service information.
- OMCH evaluates survey data and works to identify the best indicators to measure mental health.
- “The Children’s Mental Health Needs Assessment” sought to define the role of public health in mental health; ascertain the prevalence of mental illness diagnoses, risk factors, and protective factors among children; identify groups of children at risk for mental illness; and develop a framework for future mental health needs assessments. ([http://www.doh.wa.gov/cfh/mch/documents/CMH\\_Needs\\_Assessment.pdf](http://www.doh.wa.gov/cfh/mch/documents/CMH_Needs_Assessment.pdf).)
- The Early Hearing Loss Detection Diagnosis and Intervention (EHDDI) program conducts surveillance and collects information on the number of infants who are screened for hearing loss and receive referrals for early intervention.
- OMCH and the Department of Social and Health Services Mental Health Division and WorkFirst program share and evaluate data of mutual interest.
- The Healthy Youth Survey collects information about depression, suicide, and well-being from youth in Washington State.
- Pregnancy Risk Assessment Monitoring System (PRAMS) Survey collects data related to provider screening for postpartum depression, maternal depression.
- The maternal mortality surveillance system gathers data related to mental health.

## Examples of Best Practices

- The University of Washington and OMCH promote the use of the Bright Futures<sup>3</sup> health promotion materials including mental health specific materials.<sup>IV</sup>
- Maternity Support Services includes a behavioral health component to assist low-income pregnant women and new mothers in developing necessary skills and behaviors that may affect pregnancy and parenting outcomes. The program addresses domestic violence, mental health concerns, substance abuse, grief and loss issues, and social support.

## Other Public Health Agendas

By identifying optimal mental health and healthy relationships as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining optimal mental health and healthy relationships in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>V</sup> for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to OMCH's goal to promote optimal mental health and healthy relationships are "Mental health" and "Injury and violence."

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:<sup>4</sup>

- Increase the proportion of adults with recognized depression who receive treatment. (18-9b)
- Reduce the suicide rate. (18-1)
- Reduce the rate of suicide attempts by adolescents. (18-2)
- Reduce the proportion of homeless adults who have serious mental illness (SMI). (18-3)
- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>VI</sup> identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. The health indicator used to assess mental health is the percent of adults who report 14 or more days of poor mental health in the past month. The key health indicators identified in the PHIP to assess healthy relationships fall under the category of safe and supportive families. These indicators are: (1) percent of youth who report eating dinner with their families most of the time or always, (2) number of offenses involving

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<sup>3</sup> Bright Futures is a set of nationally developed health guidelines. <http://www.brightfutures.aap.org/web/>.

<sup>4</sup> The number in parentheses represents the objective number. The Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

domestic violence per 1,000 population, and (3) number of reports of children younger than 18 years who were abused or neglected per 1,000 population.

## Department of Health Strategic Plan

The Department of Health Strategic Plan<sup>vii</sup> created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making.

## Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of optimal mental health and healthy relationships aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

## Related Issues

Other OMCH priorities encompass issues related to mental health and healthy relationships. Information about injury prevention and infant, child, and adolescent social and cognitive development can be found in the following issue briefs: (1) Safe and Healthy Communities, (2) Healthy Physical Growth and Cognitive Development, (3) Access to Preventive and Treatment Services, and (4) Quality Screening, Identification, Intervention, and Care Coordination.

## References

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<sup>i</sup> US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General – Executive Summary*. Rockville, MD: 1999.

<sup>ii</sup> Washington Pregnancy Risk Assessment Monitoring System (PRAMS). 2002.

<sup>iii</sup> Washington State Healthy Youth Survey 2002 & 2004. Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development, and RMC Research Corporation. [www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx](http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx)

<sup>iv</sup> <http://brightfutures.aap.org/web/> or [http://depts.washington.edu/chdd/ucedd/ctu\\_5/prombright\\_5.html](http://depts.washington.edu/chdd/ucedd/ctu_5/prombright_5.html)

<sup>v</sup> <http://www.healthypeople.gov/LHI/lhiwhat.htm>

<sup>vi</sup> <http://www.doh.wa.gov/PHIP/default.htm>

<sup>vii</sup> [http://www.doh.wa.gov/strategic/StratPlan03\\_05\\_ed1.pdf](http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf)